Editorial

The term 'evidence based' is a buzz word that has been around now for some time. In the minds of some, something is only considered credible if it is evidence-based and so one should only focus ones ideas and actions on what is evidenced-based, and whatever is not evidence-based, one shouldn't bother with. I recall a visitor from another Chiropractic College, being asked what techniques they teach their students - he looked bemused at such a question and stated that they teach only material with a strong evidence-base. My immediate thought was that they therefore must teach very little, particularly with respect to patient management!

The concept 'evidence based' should not be considered in simple terms. The practicality of 'evidenced based' treatment in a clinical practice is quite complex. We are not in the happy situation where all techniques in manual therapy have undergone valid random control trials. In practice, it is clear that many techniques 'seem to work'. The reasons why they work, when they work and the fact that in same circumstances they don't work at all, is not clearly understood - but dismissing them for not being 'evidenced based' seems to be 'throwing the baby out with the bath water'. There exists a complex hierarchy of evidence, which include - Journal papers and texts (meta-analysis and individual random controlled trials (RCTs), non-randomised experimental studies, observational studies, quasi-experimental studies, non-experimental descriptive studies), conference abstracts/ presentations, clinical experience, clinical practice guidelines, and opinions or statements from respected colleagues. All these are forms of evidence - some may not be strong evidence but should still be considered evidence for a technique or concept until proven otherwise. We must continue to pave the way for our researchers and enquiring minds to undertake the research necessary to establish the possible worth of various aspects of patient management.

It seems apparent that the most important aspect in clinical judgement is critical thinking - i.e. thinking of all forms of treatment and selecting whatever is appropriate for a particular patient while keeping in mind the level of evidence for the treatment and management plan chosen. Additionally, understanding when something is not working is imperative. Outcome measures and the understanding of multidisciplinary approaches in holistic care are useful in this regard but understandably we are still a long way from developing a reliable and valid measure for wellness care. As clinicians are aware, no two patient encounters are the same. There are many factors that influence treatment outcomes, which may be more far-reaching than what is recorded as evidence-based. In my view the strict 'evidence based' approach, should be left to the scientists - it is their proper domain. Practitioners, by contrast, should include the 'evidence based approach' as just a tool alongside their trained critical thinking skills, and should assess all variables that may influence the practitioner-patient encounter and the subsequent treatment outcomes. This is not always easy to teach at a University level. The Workcover training program has come up with the term 'reasonably necessary care' which incorporates critical thinking, evidence based practice and the patient/practitioner encounter. Equally important to these approaches, as the reader is likely aware, is the proper recording of the details of a case.

So here is the new re-vamped ACO. My focus in being editor of ACO is primarily to encourage critical thought and discussion. While original articles remain the focus, the importance of ideas, and discussions from practitioners are, in my view, just as valuable. A forum for sharing ideas and critical thought may in future lead to productive research - since we are really still at the beginning. An effective approach to the issues of patient care starts with communication. I therefore encourage readers to put ideas to paper, or even give me a call and discuss them over the phone. There is an abundance of clinical experience in the chiropractic and osteopathic field and a wealth of knowledge. Section 1 of ACO is for original articles. Section 2 is based on clinical practice, therapeutic ideas, practice tips and is ideal for the purposes described above. Section 3 is aimed at testing your knowledge while section 4 incorporates case studies, news and reviews of any type.

Regardless of whether my comments have stimulated some thought or even touched a nerve, I would like to hear your thoughts and open this forum via original papers, clinical practice or news and reviews.

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